FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							

	* \
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Science and Engineering Associates, Inc., Offering to Ex	ercise Stock Options
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ nroe
Type of Filing: New Filing Amendment	· · · · · · · · · · · · · · · · · · ·
A. BASIC IDENTIFICATION DATA	056.50 5083 \$
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Science and Engineering Associates, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	(505) 884-2981
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) same	same
Brief Description of Business Provision of technical professional serv	vices primarily in the area
contract research and development and information technolo	
U.S. government, their prime contractors, and commercial f	irme
corporation	please specify): PROCESSED
	2 1 2003
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: [] [] [] [] [] [] [] [] [] [] [] [] [] [DEC 2 I 7009
Actual or Estimated Date of Incorporation or Organization: O San Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	,
CN for Canada; FN for other foreign jurisdiction)	NM FINANCIAL
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b	elow or, if received at that address after the date on
which it is due, on the date it was mailed by United States registered or certified mail to that address.	410
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for subject this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shal
ATTENTION —	
	xemption. Conversely, failure to file the
accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	The Appendix to the notice constitutes a pa

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appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
• Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Energical Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
James D. Cramer, Ph.D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	, , , , , , , , , , , , , , , , , , ,
Robert A. Savoie	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Douglas K. Chandler	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Stephen J. Dalich, Ph.D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Gregory C. Mooradian, Ph.D.	
Business or Residence Address (Number and Street, City, State, Zip Code)	•
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Stephen P. Meyer Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	•
Check Box(es) that Apply: Promoter Beneficial Owner Ex Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Daniel T. Oliver, VADM (U.S.N.Retired)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87110	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA.		
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more	re of a clas	s of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners	s of partne	ership issuers; and
 Each general and managing partner of partnership issuers. 		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	or 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Lorenz A. Kull, Ph.D.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87	110	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	or 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
James R. Lynch		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87	110	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director	or [General and/or Managing Partner
Full Name (Last name first, if individual)		
Sheila J. Miller		
Business or Residence Address (Number and Street, City, State, Zip Code)		A CONTRACTOR OF THE PARTY OF TH
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87	110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directed		General and/or Managing Partner
Full Name (Last name first, if individual)		
Rob R. MačIvor		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o SEA, 6100 Uptown Blvd., Suite 700, Albuquerque, NM 87	110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	ог 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or 🗌	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	or	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
(Use blank sheet, or copy and use additional copies of this sheet, as neces	șary)	

132					B. IN	FORMATI	ON ABOU	OFFERI	vG				- 1 J. P.
				, ,		•	12. 1.		41,1	0		Yes	No
1. F	las the	issuer sold	, or does th								,	K	
2 1	Mhot in	tha minimu	ım investm			Appendix,						s191	2.50
2. V	w nat is	ine minimi	ini mvesim	ent that wi	in be accep	neu nom a	ny marvia			. ,		Yes	No
3. I	Does the	offering p	ermit joint	ownership	of a singl	le unit?						X	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	•		first, if indi						_		_	_	
No Busin	COMM: ness or I	ission Residence	or sim: Address (N	ilar re umberand	munera Street, Ci	tion wi	11 be ip Code)	paid fo	or soli	citati	on of p	urcha	sers.
Name	e of Ass	ociated Br	oker or Dea	aler									
States	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers	*******					
			" or check							•		All	States
	AL IL MT	AK IN NE	IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA
_	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
			first, if indi										
Busir	ness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name	e of Ass	sociated Br	oker or De	aler								 	
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	***************************************	••••••		••••••			☐ Al	States
ſ	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC]	[SD]	[TN]	TX	UT]	VT]-	VA	WA	[WV]	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)									•
Busin	ness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All States	s" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE MD	DC MA	FL	GA MN	HI	ID MO
	IL MT	IN NE	IA NV SD	KS NH	KY NJ TX	LA NM	ME NY VT	MD NC	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		ggregate ering Price		Am	ount Alread Sold	dy
	Debt	£.	-0-	\$		-0-	•
	Equity						_ .818.1
	∑ Common ☐ Preferred	<u> </u>		_			_
	Convertible Securities (including warrants)	\$	-0-	\$		-0-	
	Partnership Interests			_ :		-0-	
	Other (Specify)					-0-	
	Total						 818.1
	Answer also in Appendix, Column 3, if filing under ULOE.	*_! <u>_</u>	200,01	<u> </u>	<u></u>	41,200	1 ، 10 د دو
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Jumbe r		Do	Aggregate	
		Iı	rvestors		0	f Purchases	3
	Accredited Investors		19		\$ <u>6</u>	,895,5	<u>88</u> .50
	Non-accredited Investors		26	_	\$1	,005,2	<u> 29</u> .65
	Total (for filings under Rule 504 only)		N/A		\$_	N	/A
	Answer also in Appendix, Column 4, if filing under ULOE.						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.						
	Type of Offering		Type of ecurity		D	ollar Amou Sold	unt
	Rule 505		N/A	_	\$_	N	<u>/A</u>
	Regulation A		N/A	_	\$_		/A
	Rule 504		N/A	_	\$	N	/A
	Total		N/A	_	\$	N	<u>/A</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees		[\$	6		
	Printing and Engraving Costs				ß	200.	00
	Legal Fees				<u> </u>	4,300.	
	Accounting Fees				S		
	Engineering Fees		·······	_ _	\$		
	Sales Commissions (specify finders' fees separately)		,	_ _ •	\$		···
	Other Expenses (identify) Filing Fees				\$	1,725.	مم
	Total		•			6,225.	

SUMBER OF INVESTOR		

	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted g proceeds to the issuer."	ross	\$ <u>7,985,618</u> .15
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used each of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted g proceeds to the issuer set forth in response to Part C — Question 4.b above.	and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	\$ -0-	\$
	Purchase of real estate	[] \$ <u>-0-</u>	
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>	_ []\$
	Construction or leasing of plant buildings and facilities	[] \$0-	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[\$ -0-	_ []\$
	Repayment of indebtedness	[] \$	
	Working capital	[] \$0-	\$
	Other (specify): To provide for the exercise of all of SEA's outstanding options as a condition of the acquisition	\$	\$
	of SEA	 	\$
	Column Totals	s <u>-0-</u>	\$
	Total Payments Listed (column totals added)	[] \$	
ut.	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this renature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Constitutes and Exchange Constitutes are information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2)	mmission, upon writt	
ss	uer (Print or Type) Signature	Date	40
Sc	eience and Engineering Associates, Inc.	- 12/29/	/03
Na	me of Signer (Print or Type) Title of Signer (Print or Type)		
Do	ouglas K. Chandler Executive Vice President, and Director	Chief Operat	ing Officer

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		7- A10 10 10 10 10 10 10 10
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🔃
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	led a not	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned
,	Print or Type) Bignature Bate 12/29/0	3	
	Print or Type) Title (Print or Type)		
D '	1 - V Charilan Chief Operation	Of	ficar or

Director

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					PENDIX				
1	Intend to non-a investor:	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Type of investor and nount purchased in State (Part C-Item 2)			ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA	X		common stock \$808,219.30	3	\$635,665	.00 6	\$172,554.	30	X
CO	X		\$98,290.50ck	0	-0-	1	\$ 78,290.	60	Х
СТ									
DE									
DC									
FL					,				
GA									
HI									
ID									
IL									
IN							٦		
ΙA									
KS									
KY									
LA	Х		\$3,065,986.5	0 4	\$2,568,8	394.00 5	\$497,092	50	x
ME									
MD									
MA									
MI									
MN									
MS									

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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Non-Ac	ber of credited stors	Amount	Yes	No
МО										
MT										
NE						·				
NV	X		\$122,959.86k	1	\$42,884.	00	4	\$80,075.0	0	Х
NH										
NJ										
NM	Х		\$1,817,542.60		\$1,688,3	52.00	7	\$129,190.	00	Х
NY										
NC										
ND							··			
ОН							····			
ОК										
OR										
PA										
RI										
SC										
SD										
TN							,		ļ	
TX		,					· · · · · ·			
UT										
VT									ļ	
VA	X		\$946,830.75k	3	\$48,027.		3	\$898,803	50	Х
WA		X	\$1,080,958ck	1	\$1,060,9	90.00	0 .	-0-	ļ	X
WV										
WI										

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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									·